

## UTILITY

1062-033P1

28

Maurer, et al.

Express Mail Label No.

EL 994649321 US

## IMPACT ABSORPTION STRUCTURE

See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:**

**Mail Stop Patent Application**  
**Commissioner for Patents P.O. Box 1450**  
**Alexandria, VA 22313-1450**

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|---|---|
| <p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b><br/>(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages <u>22</u>]<br/>(preferred arrangement set forth below)</p> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>3. <input checked="" type="checkbox"/> <b>Drawing(s)</b> (35 USC 113) [Total Sheets <u>6</u>]</p> <p>4. <input type="checkbox"/> <b>Declaration and Power of Attorney</b> [Total Pages <u>    </u>]</p> <p style="padding-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="padding-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 18 completed)<br/>[Note Box 5 below]</p> <p style="padding-left: 40px;">i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> <b>Incorporation By Reference</b><br/>The entire disclosure of the prior application identified in Box 18 is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | <p>6. <input type="checkbox"/> <b>Microfiche Computer Program (Appendix)</b></p> <p>7. <input type="checkbox"/> <b>Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</b></p> <p style="padding-left: 20px;">a. <input type="checkbox"/> Computer Readable Copy</p> <p style="padding-left: 20px;">b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p style="padding-left: 20px;">c. <input type="checkbox"/> Statement verifying identity of above copies</p>                     |
| <b>ACCOMPANYING APPLICATION PARTS</b>   |   |
| <p>8. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>13. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>14. <input type="checkbox"/> Associate Power of Attorney</p> <p>15. <input type="checkbox"/> Sealed envelope containing confidential information, which Applicants may request to be expunged from the application file.</p> <p>16. <input checked="" type="checkbox"/> Authorization for payment of fees and Petition for Extensions of Time.</p> <p>17. <input type="checkbox"/> Other: _____</p>  | <p>18. If a <b>CONTINUING APPLICATION</b>, check appropriate box and supply the requisite information:<br/>Amend the specification by inserting before the first line, the sentence: "This application is a</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____." <input type="checkbox"/> Provisional -This application claims the benefit of U.S. Provisional application No. _____ / _____, filed _____.</p> |

## 19. CORRESPONDENCE ADDRESS

☒ *Customer Number or Bar Code Label*

or ☐ Correspondence address below

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ZIP CODE

48009

Please direct any telephonic communication regarding this application to the undersigned Attorney/Agent for Applicants:

Christopher J. Noci

Reg. No.: 45,184

Phone No.: 248-593-9900

Fax No.: 248-593-0581

11696 U.S. PTO  
031204

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Maurer, et al. Maurer, et al.

Attorney Docket No.: 1062-033P1

Group Art Unit: Unknown

Filed: Concurrently Herewith

Examiner: Unknown

For: IMPACT ABSORPTION STRUCTURE

EXPRESS MAIL MAILING LABEL NO. EL994649321US  
DATE OF DEPOSIT: 03/12/2004

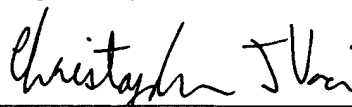
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

AUTHORIZATION FOR PAYMENT OF FEES  
AND PETITIONS FOR EXTENSIONS OF TIME

Pursuant to 37 CFR 1.136(a)(3), please treat any concurrent or future reply in this application which requires a petition for an extension of time under 37 CFR 1.136(a)(1) as incorporating a petition for an extension of time for the appropriate length of time. Please charge any fees required under 37 CFR 1.17 in this application to Deposit Account No. 04-1512.

Respectfully submitted,



Christopher J. Voci  
Registration No.: 45,184 45,184  
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Date: 3/12/04

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031204

Assistant Commissioner for Patents  
Washington, D. C. 20231

Attorney's Case No. : 1062-033P1

Application of: Maurer, et al.

For: IMPACT ABSORPTION STRUCTURE

No. of Drawing Sheets: 6

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DATE OF DEPOSIT: 03/12/2004

Sir:

Enclosed for filing is the above-identified application. Please charge the estimated fee to our Deposit Account No. 04-1512. An original and 2 copies of this sheet are enclosed.

A. Basic Filing Fee	\$740.00
Total Number of Claims	<u>33</u>
Less (Basic Fee)	<u>20</u>
B. Extra Claims	<u>13</u> x \$ 18.00 = \$ <u>234.00</u>
Total Number Independent Claims	<u>4</u>
Less (Basic Fee)	<u>3</u>
C. Extra Independent Claims	<u>1</u> x \$84.00=\$ <u>84.00</u>
D. Multiple Dependent Claims Presented	+ \$280.00 = \$ <u>0</u>
TOTAL FILING FEE (A+B+C+D) =	\$ <u>1,058.00</u>

If this estimate is incorrect, please charge or credit our account accordingly.

Respectfully submitted,



Christopher J. Voci

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